Account No. 14-1263.

ADDITIONAL FEE

Please charge any insufficiency of fees, or credit any excess to our Deposit

Account No. 14-1263.

Respectfully submitted,

NOBRIS, MCLAUGHLINA MARCUS, P.A.

Bruce S. Londa

Reg. No. 33,531

Enc.- Combined Declaration and Power of Attorney

220 East 42nd Street, 30th Floor New York, New York 10017 Telephone: (212) 808-0700

Fax: (212) 808-0844

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper and every paper referred to therein as being enclosed are being deposited by fax to the United States Patent and Trademark Office at 703-746-4060.

Date:

5,2004

Barbara LaRocca

02/05/04 11:25 FAX 212 808 0844

Norris, McLaughlin & Marcus, P.A.

220 East 42^{rul} Street, 30th Floor New York, NY 10017

If each inventor understands English, the Declaration and Power of Attorney below is suitable for use when filing a regular patent application and also when entering the national stage, in the case of an International application designating th USA under the PCT.

<u></u>						
COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION			Attorney Docket No. 101221-651			
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below at 201) or an original, first and joint inventor (if plural names are listed below at 201-205) of the subject matter which is claimed and for which a patent is sought on the invention entitled						
Synergistic Organoborate Compositions and Lubricating Compositions Containing Same						
the specification of which (check one)						
is attached hereto						
✓ was filed on October 2, 2003						
under Serial Number	10/678.408 and was arried	nded on				
under Serial Number 10/678,408 and was amended on (if applicable).						
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.						
I list below any prior foreign application(s) for patent or inventor's certificate in respect of which foreign priority benefits are claimed under 35 USC 119; and any prior foreign application(s) for patent or inventor's certificate in respect of which such foreign priority rights are not claimed and which has a filing date before that of any application in respect of which such foreign priority benefits are claimed:						
Application Number	Country	Filing Date	Priority			
		(day, month, year)	Claimed under 35 USC 119			
			YES: NO:			
			YES:_			
			NO:			
			YES:			
			NO:			
I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.						
Application No.		Filing Date				
60/416,061		October 4, 2002				
						

Combined Declaration and Power of Attorney 101221-651 Page 2

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Bruce S. Londa (33,531), Lorimer P. Brooks (15,155), William R. Robinson (27,224), Kurt G. Briscoe (33,141), William C. Gerstenzang (27,552), Robert A. Hyde (46,354), Davy E. Zoneraich (37,267), Mark A. Montana (44,948), Christa Hildebrand (34,953), Howard C. Lee (48,104), Theodore A. Gottlieb (42,597), Andrew N. Parfomak (32,431), David D. Kim (Reg. No. 53,123)

	Family Name	First Given Name	Second Given Name
201	Failing Name	, man diversity	
	KAROL	Thomas	J.
	City of Residence	State or Foreign Country	Country of Citizenship
	Holualoa-Kona	н	USA
	Post Office Address	City	State & ZIP/Country
	76-5917H Mamaloha Highway	Holualoa-Kona	HI 96725
202	Family Name	First Given Name	Second Given Name
	DONNELLY	Steven	G.
	City of Residence	State or Foreign Country	Country of Citizenship
	Bethel	CT	USA
	Post Office Address	City	State & ZIP/Country
	22 Linda Lane	Bethel	CT 06801
203	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
	Post Office Address	City	State & ZIP/Country
204	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
; , , ,	Post Office Address	City	State & ZIP/Country

Combined Declaration and Power of Attorney 101221-565 Page 3

205	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
	Post Office Address	City	State & ZIP/Country
on information knowledge that both, under se	n and belief are believed to be tr at willful false statements and th action 1001 of Title 18 of the Un	in of my own knowledge are true and ue; and further that these statements e like so made are punishable by fine ited States Code, and that such willfu	were made with the or imprisonment, or
Signature of In	validity of the application or an	$-\mathcal{O}/\mathcal{O}$	Date 10/21/02
Thomas J. Karo Signature of In- Steven G. Don	ventor 202	Smelly-	Date / 10/30 /0 3
Signature of In			Date
Signature of In	ventor 204		Date
Signature of In	ventor 205		Date